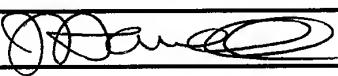


<b>TRANSMITTAL FORM</b>		Application Number <b>10/649,171</b>
(to be used for all correspondence after initial filing)		Filing Date <b>August 26, 2003</b>
		First Named Inventor <b>SAIKA, Nobuyuki</b>
		Art Unit <b>2141</b>
		Examiner Name <b>Kristie D. Shingles</b>
Total Number of Pages in This Submission		Attorney Docket Number <b>16869S-091500US</b>

<b>ENCLOSURES (Check all that apply)</b>				
<input type="checkbox"/> Fee Transmittal Form	<input checked="" type="checkbox"/> Replacement Drawing Sheet (1 sheet; Figs. 8A and 8B)	<input type="checkbox"/> After Allowance Communication to TC		
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences		
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)		
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information		
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter		
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund			
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____			
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53				
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>			Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.			

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	John J. Farrell		
Date	September 25, 2007	Reg. No.	57,291

<b>CERTIFICATE OF TRANSMISSION/MAILING</b>		
I hereby certify that this correspondence is being filed via EFS-Web with the United States Patent and Trademark Office on the date shown below.		
Signature		
Typed or printed name	Jocelyn A. Eskow	Date
	September 25, 2007	